

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> <b>10/018690</b>	<small>FILING DATE</small> 				
							<small>APPLICANT(S)</small> 					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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